

SUMMARY FORM
COLLECTIVE BARGAINING AGREEMENT
POLICE AND FIRE

Public Employer: Borough of Alpine Employee Organization PBA Local #350

Base Year Contract Term: 1/1/2009 12/31/2010 New Contract Term 1/1/2011 12/31/2013

| | |
|--|--|
| Synopsis of Settlement/ Award/Recommendation: | 3 year contract w/ 2% increase each year, switched to SHBP from BMED on 10/1/2011, switched from weekly to bi-weekly pay periods. *\$1000.00 Uniform Allowance rolled into base salary in 2009-2010 contract. |
|--|--|

N.J.S.A. 34:13A-16.7(a): Base salary is the salary provided pursuant to a salary guide or table and any amount provided pursuant to a salary increment, including any amount provided for longevity or length of service. It shall also include any other item agreed to by the parties, or any other item that was included in the base salary as understood by the parties in the prior contract. Base salary shall not include non-salary economic issues, pension and health and medical insurance costs.

| | <u>BASE YEAR</u> <i>(previous agreement)</i> | <u>NEW BASE YEAR</u> <i>(successor agreement)</i> | <u>INCLUDED IN NEW BASE</u> | | | |
|------------------------|---|--|---|--|------------------------------|-----------------------------|
| | | | <u>Economic</u> | | <u>Non-Economic</u> | |
| Salary: | \$1,413,151.92 | \$1,443,829.08 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Increment: | \$0.00 | \$0.00 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| % Increase: | 4.00% | 2.00% | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Avg. Yield | | | | | | |
| per person in dollars: | \$108,703.99 | \$120,319.09 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Uniforms: | \$13,000.00 | \$0.00 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Boot/Shoe: | \$0.00 | \$0.00 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Longevity: | \$68,093.51 | \$74,048.73 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Holiday Pay: | \$72,206.57 | \$73,772.27 | Yes <input checked="" type="checkbox"/> | No <input type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Shift Differential | \$0.00 | \$0.00 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Overtime: | \$0.00 | \$0.00 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Stipends: | \$0.00 | \$0.00 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Bonuses: | \$0.00 | \$0.00 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Education: | \$10,400.00 | \$10,400.00 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| EMT: | \$0.00 | \$0.00 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Other*: | \$0.00 | \$0.00 | Yes <input type="checkbox"/> | No <input checked="" type="checkbox"/> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

* Additional Costs: (please list on separate sheet & include in total

Medical: *Medical Costs are not included in the base salary but must be included in the analysis as part of the summary*

| | | |
|-----------------------------|---------------|--------------|
| Contributions: | N/A | \$19,987.42 |
| Cost of Health Prescription | \$245,900.00* | \$252,510.03 |
| Dental: | *Included | \$10,551.69 |
| Vision: | \$26,044.00 | \$27,135.00 |
| | N/A | N/A |

NEW AGREEMENT ANALYSIS

| Effective Date | <u>Year</u> | <u>Year</u> | <u>Year</u> | <u>Year</u> |
|--|----------------|----------------|----------------|-------------|
| % Increase | 2.00% | 2.00% | 2.00% | 0.00% |
| Avg. Yield (p/p*) | \$120,319.09 | \$115,416.16 | \$129,467.38 | |
| Cost of Increase/: | \$30,678.00 | -\$58,834.90 | \$39,147.10 | |
| <div> <div>Impact of Settlement:</div> <div>Percentage Impact:</div> <div>Actual dollar Impact:</div> </div> | | | | |
| | 2.00% | -4.00% | 3.00% | 0.00% |
| | \$30,678.00 | -\$58,834.90 | \$39,147.10 | |
| <div> <div>TOTAL BASE SALARY</div> <div>AT END OF EACH YEAR</div> </div> | | | | |
| | \$1,443,829.08 | \$1,384,994.12 | \$1,424,141.25 | |

The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.

Prepared by:

Christopher J. Belcolle

Title: Lieutenant

Print Name

Date: 2/8/2012

Signature _____